



**RULE 13 STORM WATER QUALITY  
MANAGEMENT PLAN (SWQMP) -  
PART A: INITIAL APPLICATION CERTIFICATION  
SUBMITTAL AND CHECKLIST**

State Form 51277 (R2 / 11-03)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**For questions regarding this form, contact:**

IDEM – Rule 13 Coordinator  
100 North Senate Avenue, Rm 1255  
P.O. Box 6015  
Indianapolis, IN 46206-6015  
Phone: (317) 234-1601 or  
(800) 451-6027, ext. 41601 (within Indiana)

Web Access:

<http://www.in.gov/idem/water/npdes/permits/wetwthr/storm/rule13.html>

**NOTE:**

- This form must be used for compliance with a general NPDES permit pursuant to 327 IAC 15-13.
- This completed form must be submitted with a complete NOI letter.
- Return this form, and any required addenda by mail to the IDEM Rule 13 Coordinator at the address listed in the box on the upper-right.

**PART A: STORM WATER QUALITY MANAGEMENT PLAN CHECKLIST**

► Please check the appropriate box when the requirements for each numbered item have been met.

X	NA	ITEM
<input type="checkbox"/>		1. On page 2 of this form (TABLE 1: RESPONSIBLE ENTITY), provide a listing of entities that are covered under the attached NOI letter submittal. Duplicate the table if more entries are necessary and attach to this form.
<input type="checkbox"/>		2. On page 3 of this form (TABLE 2: SCHEDULE OF ACTIVITIES), provide an itemized schedule of activities related to SWQMP implementation, with a corresponding milestone date. Duplicate the table if more entries are necessary and attach to this form.
<input type="checkbox"/>		3. At a minimum, the schedule complies with the compliance schedule found in 327 IAC 15-13-11.
<input type="checkbox"/>	<input type="checkbox"/>	4. On page 4 of this form (TABLE 3: PROPOSED BUDGET), provide an actual or estimated, proposed, itemized budget for the storm water program. Duplicate the table if more entity entries are necessary and attach to this form.
<input type="checkbox"/>	<input type="checkbox"/>	5. For NOI letter submittals covering multiple entities, the budget allocation is separated by each entity covered under this NOI letter submittal.
<input type="checkbox"/>	<input type="checkbox"/>	6. The budget identifies funding sources.
<input type="checkbox"/>		7. The "SWQMP – Part A: Initial Application" was submitted within 90 days of Rule 13's effective date or within 180 days of becoming aware of changed entity designation conditions.
<input type="checkbox"/>		8. The "SWQMP – Part A: Initial Application" has been certified by a Qualified Professional and the MS4 Operator.

**PART B: CERTIFICATION AND SIGNATURE**

► The Qualified Professional and MS4 Operator (referenced in PART A, Item #8 of this form) must sign the following certification statement and provide the pertinent NPDES permit number:

*"By signing this form, I hereby certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

Name of Qualified Professional: \_\_\_\_\_  
(typed or printed)

**NPDES**

Permit #: INR040 \_\_\_\_\_

Signature of Qualified Professional: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/year)

Name of MS4 Operator: \_\_\_\_\_  
(typed or printed)

Signature of MS4 Operator: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/year)

**TABLE 1: RESPONSIBLE ENTITY**

	Represented Entity Name	Entity Representative Name	Entity Representative Title	Mailing Address	Phone Number:	Facsimile Number (if applicable)	E-mail Address (if applicable)
1.				Street address:			
				<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village			
				Of:			
				Zip: County:			
2.				Street address:			
				<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village			
				Of:			
				Zip: County:			
3.				Street address:			
				<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village			
				Of:			
				Zip: County:			
4.				Street address:			
				<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village			
				Of:			
				Zip: County:			
5.				Street address:			
				<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village			
				Of:			
				Zip: County:			
6.				Street address:			
				<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village			
				Of:			
				Zip: County:			
7.				Street address:			
				<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village			
				Of:			
				Zip: County:			

TABLE 2: SCHEDULE OF ACTIVITIES

	Milestone Date	Activity Name
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

TABLE 3: PROPOSED BUDGET

⇒ ENTITY:

Control Measure/Item		Proposed Budget
1.	Public Education and Outreach	
2.	Public Participation/Involvement	
3.	Illicit Discharge Detection and Elimination	
4.	Construction Site Run-Off Control	
5.	Postconstruction Run-Off Control	
6.	Municipal Operations Pollution Prevention and Good Housekeeping	
7.	On-Going Water Quality Characterization	
8.	Other	
9.	Funding Source(s)	